| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 11/17/00 |
| FORMALITY REVIEW | *jw* | 859 | 12-11-00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✓ ............................. Rejected | N ............................. Non-elected | |
| = ............................. Allowed | I ............................. Interference | |
| – (Through numeral)... Canceled | A ............................. Appeal | |
| ÷ ............................. Restricted | O ............................. Objected | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

**BEST AVAILABLE COPY**